

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/642,372
	<b>Filing Date</b>	08/15/2003
	<b>First Named Inventor</b>	Dusan Pavcnik
	<b>Title</b>	Implantable Vascular Device
	<b>Art Unit</b>	3774
	<b>Examiner Name</b>	Blanco, Javier G.
	<b>Attorney Docket Number</b>	1000-099

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

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I am the:

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

SIGNATURE of Applicant or Assignee of Record			
Signature	Thomas A. Osborne	Date	Oct. 9, 2009
Name	Thomas Osborne	Telephone	812-339-2235
Title and Company	Sr. Vice President, Cook Incorporated		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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